MDR TRACKING#: M4-03-7357-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 6-2-03.

I. DISPUTE

Whether there should be reimbursement for CPT codes E0781, E1399 and L3670.

II. FINDINGS

The respondent denied reimbursement based upon "M - No MAR, reduced to fair and reasonable ."

III. RATIONALE

DOS	CPT	Billed	Paid	EOB	MAR\$	Reference	Rationale
	CODE			Denial	(Maximum		
				Code	Allowable		
					Reimbursement)		
9-30-02	E0781	\$485.00	\$388.00	M	DOP	413.011(b) Rec EO that fair 413 rein recc Pos Rec EO that fair 413 rein recci recci recci	Pump for Water Circulating - Requestor submitted redacted EOBs from insurance carriers that support amount billed was fair and reasonable per Section 413.011(b); therefore, additional reimbursement of \$97.00 is recommended.
	E1399	\$155.00	\$113.05	M	DOP		Post-Op Fracture Brace - Requestor submitted redacted EOBs from insurance carriers that support amount billed was fair and reasonable per Section 413.011(b); therefore, additional reimbursement of \$41.95 is recommended.
	L3670	\$340.00	\$147-55	M	DOP		Shoulder Orthotics- Requestor submitted redacted EOBs from insurance carriers that support amount billed was fair and reasonable per Section 413.011(b); therefore, additional reimbursement of \$192.45 is recommended.
TOTAL	•						The requestor is entitled to reimbursement of \$331.40.

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT codes, E0781, E1399 and L3670, in the amount of \$ **331.40**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit \$**331.40** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 28th day of April 2004.

Elizabeth Pickle Medical Dispute Resolution Officer Medical Review Division